

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570617

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		—				
3		1				
4						
5						
6						
7						
8						
9		—				
10		1				
11		—				
12		—				
13		1				
14						
15		—				
16		1				
17						
18						
19						
20						
21						
22						
23		1				
24		—				
25		1				
26	1					
27		—				
28		—				
29	1					
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48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	←
TOTAL CLAIMS						